

Foundation trust membership **joining form**

You must be at least 18 years old and live in Kent, Surrey or Sussex to apply. If you are under 18 or live outside the area you may become an affiliate member, but will not be eligible to vote in elections.

All fields marked * must be completed in full.

Your contact details

* Title: Mr Mrs Ms Other

* First name:

* Last name:

Gender: Male Female Date of birth:

* Address:

* Postcode:

* Home Tel: Mobile Tel:

We would like to contact as many members as possible by email as this is the most cost-effective method of communications. If you are willing to receive news and information by email, please enter your email address below:

Email:
 @

Preferred method of communications: Post only Email only

Your interest in QVH

We would like to know which of our services you are particularly interested in so we can keep you updated on the things that matter to you:

- | | |
|---|--|
| <input type="checkbox"/> Community services | <input type="checkbox"/> Plastic surgery and burns |
| <input type="checkbox"/> Outpatients | <input type="checkbox"/> Head and neck services |
| <input type="checkbox"/> Corneoplastics and ophthalmology | <input type="checkbox"/> Paediatrics |
| <input type="checkbox"/> Minor Injury Unit | <input type="checkbox"/> Therapies |

Please tick one or more of the following options if you would consider getting more involved with the trust:

- | | |
|--|--|
| <input type="checkbox"/> Standing for election as a governor | <input type="checkbox"/> Helping with events/activities in my local area |
| <input type="checkbox"/> Volunteering at the hospital | |

How did you hear about foundation trust membership?

- | | |
|--|---|
| <input type="checkbox"/> QVH site, newsletter or leaflet | <input type="checkbox"/> QVH website |
| <input type="checkbox"/> Media (TV, radio, newspapers) | <input type="checkbox"/> From a QVH governor or member |
| <input type="checkbox"/> From a friend or relative | <input type="checkbox"/> From a QVH employee or volunteer |

Your interest in QVH (continued)

Are you already connected to the trust in any of the following ways?

- I am a QVH patient I am a relative or carer of a QVH patient
 I am/have been a QVH volunteer I have previously worked for the trust

About you

Please place a in the following box if you are registered disabled:

What is your employment status?

Student Employed Full Time Employed Part Time Not Working Retired Other

Please place a here if you are currently a member of staff at the trust:

To ensure that our membership is representative of Kent, Surrey and Sussex, it would be helpful if you could identify your ethnic origin. Thank you.

- White: British Irish White other
Mixed: White and Black Caribbean White and Black African
 White and Asian Any other mixed background
Asian or Asian British: Indian Pakistani
 Bangladeshi Any other Asian background
Black or Black British: Caribbean African
 Any other Black background
Other: Chinese Other

Declaration

I apply to become a member of Queen Victoria Hospital NHS Foundation Trust, and to be bound by the rules of the organisation.

Signature

Date

- I am over 18 years and live in Sussex, Surrey or Kent I am under 18 or live outside the area and wish to become an affiliate member

Please return this form by post (no stamp needed) to:

Freepost RCC2987
Queen Victoria Hospital NHS Foundation Trust
Holtye Road
East Grinstead
RH19 3DZ